



STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

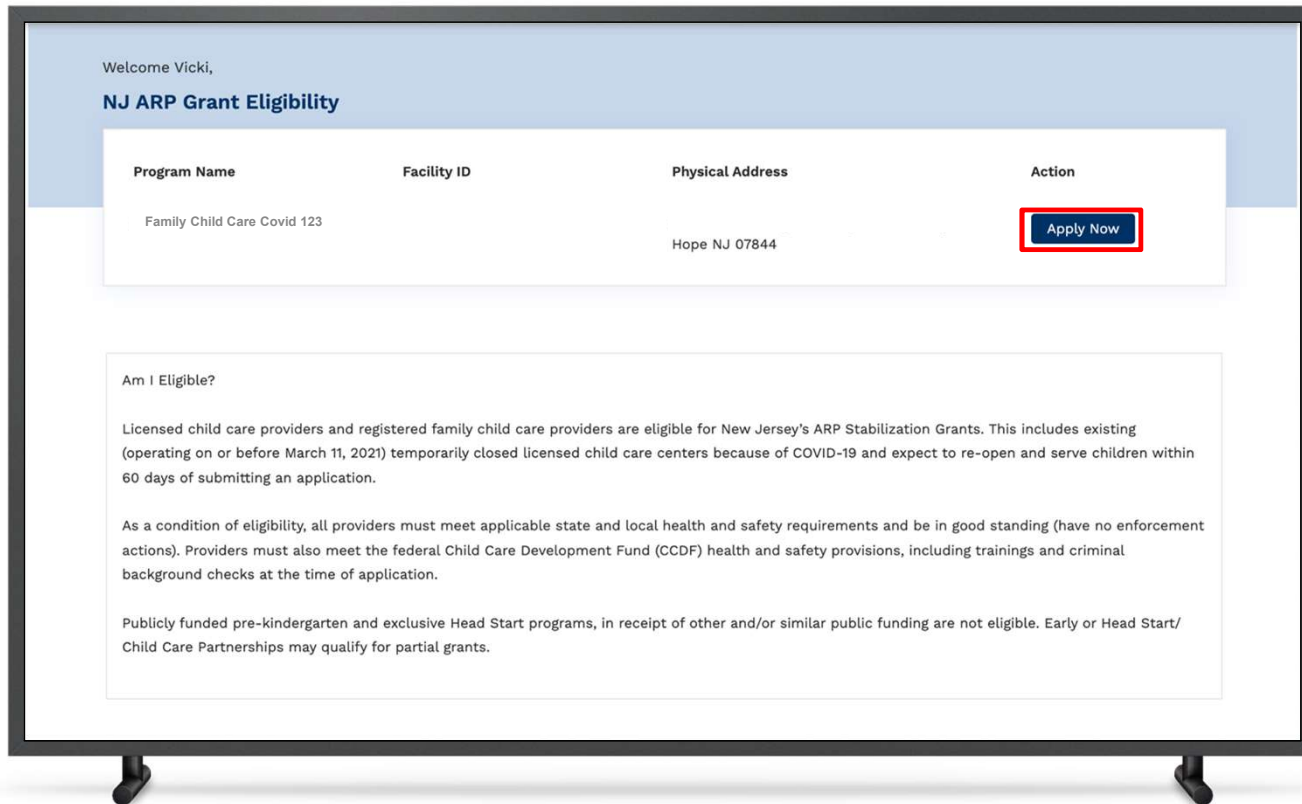
DIVISION OF FAMILY DEVELOPMENT

NJ ARP Stabilization Grants Application

Provider User Guide

Completing the Application

Completing the Application



Welcome Vicki,

NJ ARP Grant Eligibility

Program Name	Facility ID	Physical Address	Action
Family Child Care Covid 123		Hope NJ 07844	Apply Now

Am I Eligible?

Licensed child care providers and registered family child care providers are eligible for New Jersey's ARP Stabilization Grants. This includes existing (operating on or before March 11, 2021) temporarily closed licensed child care centers because of COVID-19 and expect to re-open and serve children within 60 days of submitting an application.

As a condition of eligibility, all providers must meet applicable state and local health and safety requirements and be in good standing (have no enforcement actions). Providers must also meet the federal Child Care Development Fund (CCDF) health and safety provisions, including trainings and criminal background checks at the time of application.

Publicly funded pre-kindergarten and exclusive Head Start programs, in receipt of other and/or similar public funding are not eligible. Early or Head Start/Child Care Partnerships may qualify for partial grants.

Instructions

- Read the **Am I Eligible?** text to learn more about the application eligibility criteria.
- To begin your grant application, click on the **Apply Now** button.

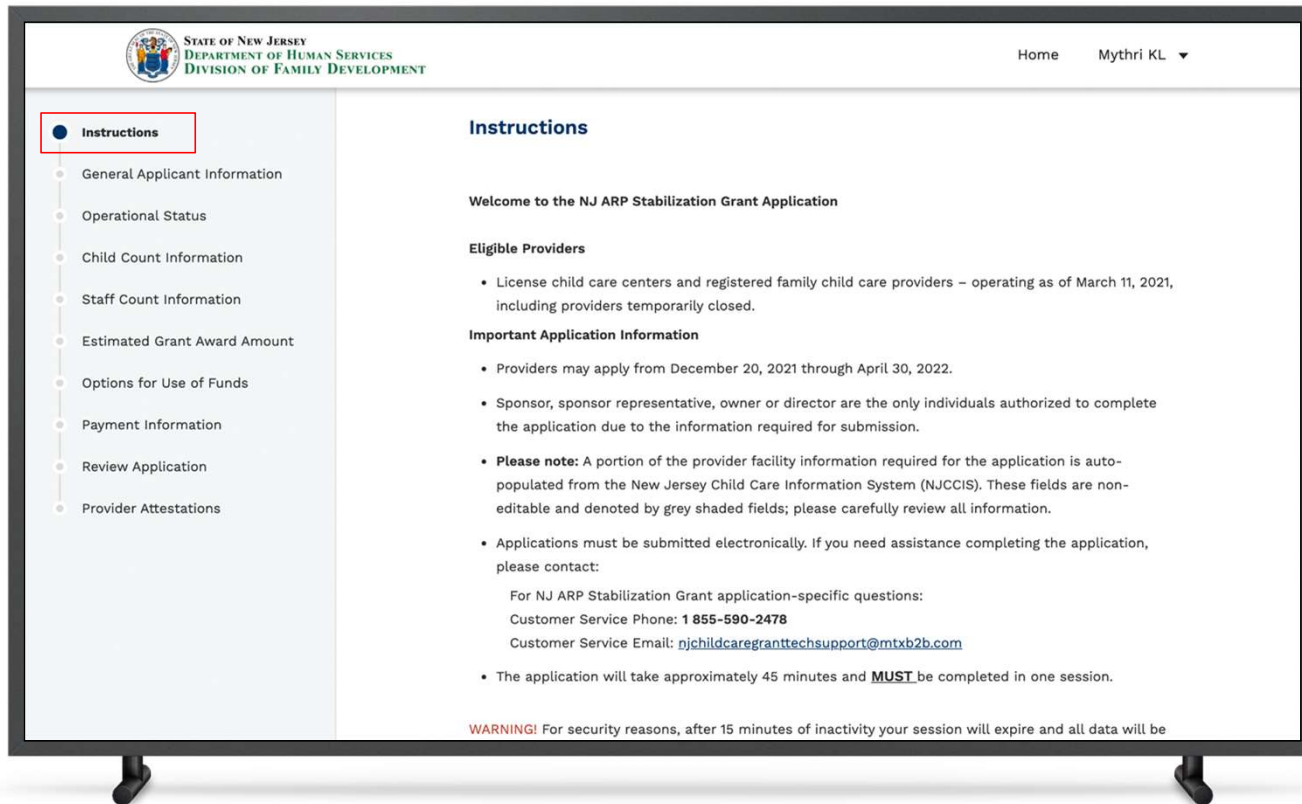


Key Points

- The 'Am I Eligible?' excerpt will help determine if your child care program meets the requirements to be considered for a New Jersey ARP Stabilization Grant.
- You will have 60 minutes to complete the application once you hit **Apply Now** before your session times out.



Completing the Application



The screenshot shows the 'Instructions' page of the NJ ARP Stabilization Grant Application. The page header includes the State of New Jersey Department of Human Services Division of Family Development logo and the text 'STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF FAMILY DEVELOPMENT'. The user is logged in as 'Mythri KL'. The left sidebar contains a list of steps: Instructions (highlighted), General Applicant Information, Operational Status, Child Count Information, Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds, Payment Information, Review Application, and Provider Attestations. The main content area is titled 'Instructions' and includes a welcome message, eligible providers, important application information, and contact details for customer service. A warning at the bottom states: 'WARNING! For security reasons, after 15 minutes of inactivity your session will expire and all data will be'.

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Instructions

- General Applicant Information
- Operational Status
- Child Count Information
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Instructions

Welcome to the NJ ARP Stabilization Grant Application

Eligible Providers

- License child care centers and registered family child care providers – operating as of March 11, 2021, including providers temporarily closed.

Important Application Information

- Providers may apply from December 20, 2021 through April 30, 2022.
- Sponsor, sponsor representative, owner or director are the only individuals authorized to complete the application due to the information required for submission.
- Please note:** A portion of the provider facility information required for the application is auto-populated from the New Jersey Child Care Information System (NJCCIS). These fields are non-editable and denoted by grey shaded fields; please carefully review all information.
- Applications must be submitted electronically. If you need assistance completing the application, please contact:
For NJ ARP Stabilization Grant application-specific questions:
Customer Service Phone: 1 855-590-2478
Customer Service Email: njchildcaregranttechsupport@mtxb2b.com
- The application will take approximately 45 minutes and **MUST** be completed in one session.

WARNING! For security reasons, after 15 minutes of inactivity your session will expire and all data will be

Instructions

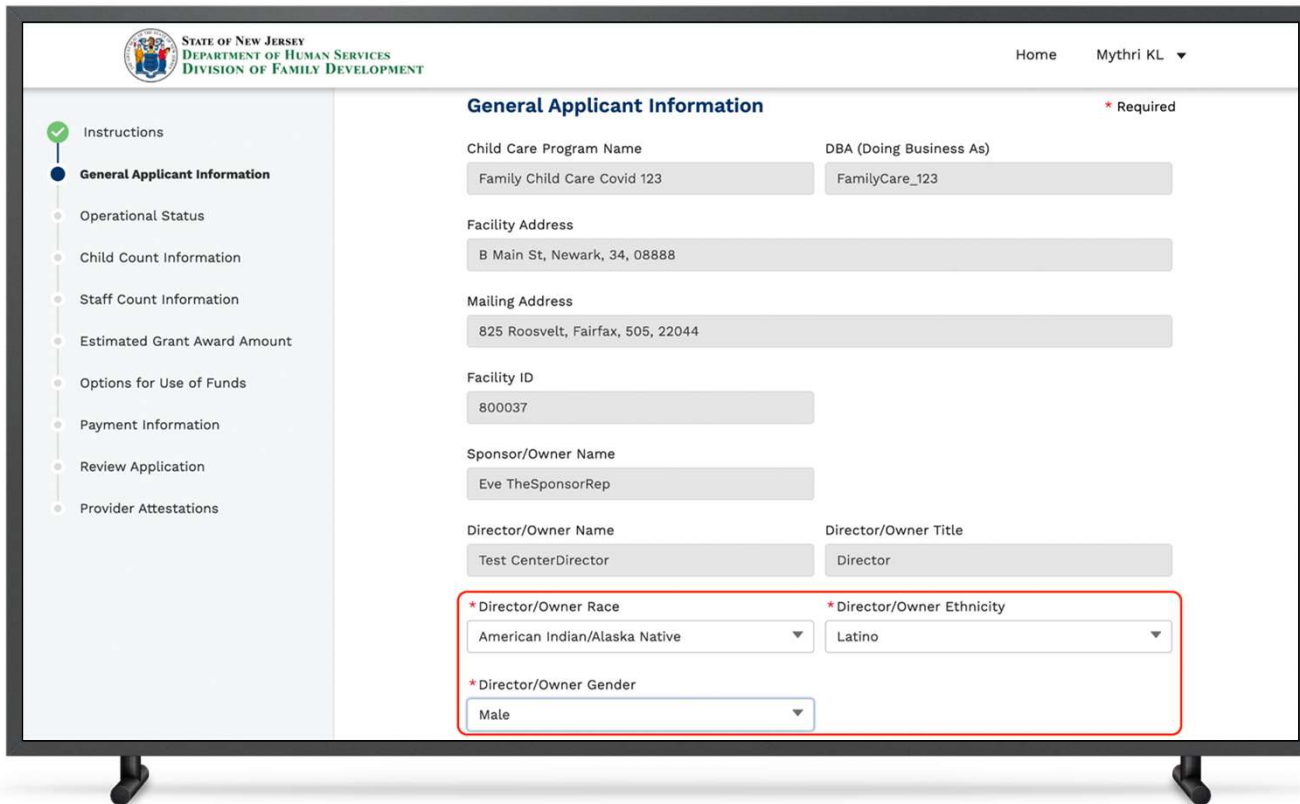
- On the **Instructions** step, read the instructions carefully and click on the **Next** button.

Key Points

On the next few pages, the information shown is for an example facility. Be sure to fill out the application with information as it relates to your facility.



Completing the Application



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General Applicant Information * Required

Child Care Program Name: Family Child Care Covid 123 DBA (Doing Business As): FamilyCare_123

Facility Address: B Main St, Newark, 34, 08888

Mailing Address: 825 Roosevelt, Fairfax, 505, 22044

Facility ID: 800037

Sponsor/Owner Name: Eve TheSponsorRep

Director/Owner Name: Test CenterDirector Director/Owner Title: Director

*** Director/Owner Race**: American Indian/Alaska Native *** Director/Owner Ethnicity**: Latino

*** Director/Owner Gender**: Male

Instructions

- On the General Applicant Information, select the Director/Owner's **Race, Ethnicity, and Gender** from the dropdowns.
- Click on the **Next** button.

Key Points

Some of the provider facility information required for the application is auto-populated from NJCCIS (e.g., Tax Identification Number (your EIN or SSN) and Legal Name of Child Care Program). These fields are not editable and will be grayed out. Please carefully review all information. If any of the auto-populated information is incorrect, please contact DFD-ChildcareGrants@dhs.nj.gov.



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Operational Status * Required

* Estimated total monthly operational expenses

Your Program Facility Type is:

Child Care Center

*What type of program do you operate? Select all that apply:

☒ School-Age Site (before- or afterschool)
☒ Private School
☐ Early Head Start/Child Care Partnership
☐ Head Start and Child Care
☐ None of the above apply

* Was your program licensed/registered on or before March 11, 2021?

☒ Yes
☐ No

* Does your program meet NJ DFD and Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks and health and safety trainings?

☒ Yes
☐ No

* Were you open and operating as of March 11, 2021?

☒ Yes
☐ No

* What is the current status of your program?

Instructions

- In the **Operational Status** step, enter/select the applicable answers.

Key Points

No key points.



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* What is the current status of your program?

☒ Open
☐ Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency

* Current Days of Operation

Day of the Week	From	To
<input checked="" type="checkbox"/> Sunday	11:00 AM	10:00 PM
<input checked="" type="checkbox"/> Monday	09:00 AM	06:00 PM
<input checked="" type="checkbox"/> Tuesday	09:00 AM	07:00 PM
<input checked="" type="checkbox"/> Wednesday	10:00 AM	06:00 PM
<input checked="" type="checkbox"/> Thursday	08:00 AM	04:00 PM
<input checked="" type="checkbox"/> Friday	09:00 AM	09:00 PM
<input checked="" type="checkbox"/> Saturday	09:00 AM	10:00 PM

* Have you submitted or plan to submit a sponsor change application?

☒ Yes
☐ No

* Projected Date Of Sponsor change

12-31-2021

Previous Next

Instructions

- Enter/ Select the applicable answers.
- When done, click on the **Next** button.

Key Points

No key points.



Completing the Application

The screenshot shows the 'Child Count Information' step of the NJCCIS application. The left sidebar lists the application steps: Instructions, General Applicant Information, Operational Status, Child Count Information (selected), Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds, Payment Information, Review Application, and Provider Attestations. The main content area is titled 'Child Count Information' and includes a 'Required' indicator. It asks for the NJ State licensed capacity of the program, with a total capacity of 42. It then asks for the total capacity by age group, with fields for Infants (0-17 months) at 4, Toddlers (18-35 months) at 6, Pre-School (3-5 years) at 8, and School Age (over 5) at 9. The total capacity is 27. It then asks for the total enrollment count by age group, with fields for Infants (0-17 months) at 4, Toddlers (18-35 months) at 6, Pre-School (3-5 years) at 3, and School Age (over 5) at 7. The total enrollment is 20. Finally, it asks for the average enrollment by age in February 2020, with fields for Infants (0-17 months) at 6 and Toddlers (18-35 months) at 7.

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Child Count Information * Required

The NJ State licensed capacity of your program is:

Total Capacity
42

What is your total capacity by age group?

* Infants (0-17 months) 4	* Toddlers (18-35 months) 6
* Pre-School (3-5 years) 8	* School Age (over 5) 9

Total
27

What is your total enrollment count by age group?

* Infants (0-17 months) 4	* Toddlers (18-35 months) 6
* Pre-School (3-5 years) 3	* School Age (over 5) 7

Total
20

What was your average enrollment by age in February 2020?

* Infants (0-17 months) 6	* Toddlers (18-35 months) 7
------------------------------	--------------------------------

Instructions

- In the **Child Count Information** step, enter the count of children appropriately.
- Click on the **Next** button.

Note: If the Provider Type is **Child Care Center**, then the value in **Total capacity** field will be auto-populated from NJCCIS.



Key Points

If you do not have any children enrolled in a category, enter '0'.



Completing the Application

The screenshot shows the 'Staff Count Information' step of an application process. The left sidebar lists the steps: Instructions, General Applicant Information, Operational Status, Child Count Information, **Staff Count Information** (current step), Estimated Grant Award Amount, Options for Use of Funds, Payment Information, Review Application, and Provider Attestations. The main content area is titled 'Staff Count Information' and includes a red asterisk indicating a required field. The question is 'What is your current number of full and part-time staff?'. Below this, there are two sections: 'Full Time' and 'Part Time'. Each section has three input fields: '* Administrative', '* Support', and '* Educator(s)'. In the 'Full Time' section, the values are 3, 7, and 5 respectively. In the 'Part Time' section, the values are 2, 5, and 5 respectively. A red box highlights these input fields. Below the input fields, there is a section titled 'Example functional roles:' with definitions for 'Administrative', 'Support', and 'Educator' roles. At the bottom right, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted by a red box.

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Staff Count Information * Required

What is your current number of full and part-time staff?

Full Time

* Administrative	* Support	* Educator(s)
3	7	5

Part Time

* Administrative	* Support	* Educator(s)
2	5	5

Example functional roles:

Administrative - This function consists of roles such as Director, Owner, Sponsor, Facility Manager, etc...

Support - This function consists of roles such as Janitor, Bus Driver, etc...

Educator - This function consists of roles such as Teacher, Assistant Teacher, Substitute Teacher, etc...

Note: Do not forget to include yourself, the applicant in the count.

Previous Next

Instructions

- In the **Staff Count Information** step, enter the count of your staff members appropriately.
- Click the **Next** button.

Key Points

Be sure to include yourself in the number of staff. If you do not have any staff for a category, enter '0'.



Completing the Application

The screenshot shows a web application interface for the State of New Jersey Department of Human Services, Division of Family Development. The left sidebar contains a list of steps: Instructions, General Applicant Information, Operational Status, Child Count Information, Staff Count Information, **Estimated Grant Award Amount** (highlighted), Options for Use of Funds, Payment Information, Review Application, and Provider Attestations. The main content area is titled 'Estimated Grant Award Amount' and displays an 'Estimated Grant Award Amount' of \$30,000. Below this, it states: 'The total grant amount will be awarded in two payments, assuming no changes in application details or facility status.' and 'The distribution timing and amounts of the two grant payments will be based a) on your program's operational status, b) your grant application submission date, and c) your eligibility status, as follows:'. It then lists eligibility criteria for a Child Care Center program. At the bottom right, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted in red.

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Estimated Grant Award Amount

Estimated Grant Award Amount

\$30,000

The total grant amount will be awarded in two payments, assuming no changes in application details or facility status.

The distribution timing and amounts of the two grant payments will be based a) on your program's operational status, b) your grant application submission date, and c) your eligibility status, as follows:

If your Child Care Center program is open, active and meets all eligibility criteria:

- The Initial Payment in the amount of 2/3 (two-thirds) of the Estimated Total Grand Award Amount shown above will be distributed within 30 days of your grant application approval date.
- The Second Payment in the amount of the remaining 1/3 (one-third) balance will be distributed 12 months after the date of the Initial Payment dependent on having recertified that all eligibility conditions have been met.

Changes in status could impact overall grant payment amounts. Payment dates are pending based on confirmation of no changes to your program's status. Payment dates are defined at the date of processing; providers should expect their funds within 14 days of a successful payment processing.

Previous **Next**

Instructions

- In the **Estimated Grant Award Amount** step, view the estimated amount.
- Read the information carefully.
- Click on the **Next** button.

Key Points

No key points.



Completing the Application

The screenshot shows the 'Options for Use of Funds' step of an application. The left sidebar lists steps: Instructions, General Applicant Information, Operational Status, Child Count Information, Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds (current), Payment Information, Review Application, and Provider Attestations. The main content area has a header 'Options for Use of Funds' with a red asterisk indicating a required field. Below this, the 'Estimated Grant Award Amount' is set to '\$30,000'. A note states: 'Grants may only be used for one or more of the purposes below. Please check all applicable categories you will support with the funding:'. There are two checkboxes: 'Personnel costs, benefits, premium pay, recruitment and retention' (checked) and 'Mortgage, rent, insurance, taxes, and utility' (unchecked). Below these are two dropdown menus for '* Estimated Monthly Cost', both set to '\$5,000 - \$10,000'. Further down are four more checkboxes: 'PPE, cleaning, sanitizing, sanitation, air ventilation' (checked), 'Professional Development - related health and safety' (unchecked), 'Equipment and Supplies to respond to COVID-19' (unchecked), 'Mental health supports for children and staff' (unchecked), and 'Goods and services necessary to maintain or resume child care services' (unchecked). A note states: 'Use of funds may cover expenditures from September 2021 through August 2023.' At the bottom, there is a 'Total Monthly Estimated Amount Range for Use of Funds' field, a 'Calculate' button, and 'Previous' and 'Next' buttons.

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Options for Use of Funds * Required

Estimated Grant Award Amount
\$30,000

Grants may only be used for one or more of the purposes below. Please check all applicable categories you will support with the funding:

☒ Personnel costs, benefits, premium pay, recruitment and retention

* Estimated Monthly Cost
\$5,000 - \$10,000

☐ Mortgage, rent, insurance, taxes, and utility

☒ PPE, cleaning, sanitizing, sanitation, air ventilation

* Estimated Monthly Cost
\$5,000 - \$10,000

☐ Professional Development - related health and safety

☐ Equipment and Supplies to respond to COVID-19

☐ Mental health supports for children and staff

☐ Goods and services necessary to maintain or resume child care services

Use of funds may cover expenditures from September 2021 through August 2023.

Total Monthly Estimated Amount Range for Use of Funds

Calculate

Previous Next

Instructions

- In the **Options for Use of Funds** step, select the options for which the funds will be used.
- Select the appropriate amount for the **Estimated Monthly Cost** field that will be used for the selected usage option.
- Click on the **Calculate** button to know the range of monthly estimated usage of funds.
- Click on the **Next** button.

Key Points

No key points.



Completing the Application

The screenshot shows the 'Payment Information' step of an application form. The left sidebar lists the steps: Instructions, General Applicant information, Operational Status, Child Count information, Staff Count information, Estimated Grant Award Amount, Options for Use of Funds, **Payment Information** (current step), Review Application, and Provider Attestations. The main form area is titled 'Payment Information' and includes a 'Required' indicator. It contains fields for 'Legal name of child care program' (Child Care Covid 123), 'DBA (Doing Business As)' (ChildCare_123), and 'Tax Identification Number (EIN/SSN)' (*****4571). A checkbox for 'Certification' is checked. Below these are sections for 'Payment Method' (Direct Deposit selected), 'Account Type' (Personal Checking selected), and bank account details (Bank Account Holder First Name: Mythri, Bank Account Holder Last Name: K, Routing Number: *****, Confirm Routing Number: 111111111, Bank Account Number: *****, Confirm Bank Account Number: 11111111111111). A 'Validate' button is at the bottom.

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Payment Information * Required

Legal name of child care program: Child Care Covid 123
DBA (Doing Business As): ChildCare_123

Tax Identification Number (EIN/SSN): *****4571

☒ Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.

*** Payment Method**
☒ Direct Deposit

*** Account Type**
☒ Personal Checking
☐ Personal Savings
☐ Business Checking
☐ Business Savings

*** Bank Account Holder First Name**: Mythri
*** Bank Account Holder Last Name**: K

*** Routing Number**: *****
*** Confirm Routing Number**: 111111111

*** Bank Account Number**: *****
*** Confirm Bank Account Number**: 11111111111111

Validate

Instructions

- In the **Payment Information** step, select the **Certification** checkbox to certify.
- Select the **Direct Deposit** payment method.
- Select the **Account Type**.
- Enter your banking information.
- Click the **Validate** button.

Key Points

- Under Payment Information, the last four digits shown is your correct Taxpayer Identification Number.
- Tax Identification number has no impact on mode of payment.



Completing the Application

The screenshot shows a web application interface for completing an application. On the left is a vertical sidebar with a list of steps: Instructions, General Applicant Information, Operational Status, Child Count Information, Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds, **Payment Information** (highlighted with a blue dot), Review Application, and Provider Attestations. The main content area is titled 'Payment Information' and includes a red asterisk indicating required fields. A red message states: 'The Tax Identification Number is unverified. You can still proceed and submit the application.' The form contains several input fields: 'Legal name of child care program' (filled with 'West Essex YMCA Peanut Shell Nurs & CCC'), 'DBA (Doing Business As)' (empty), 'Tax Identification Number (EIN/SSN)' (filled with '*****7387'), and a checkbox for certification. Below these are radio button options for 'Payment Method' (Direct Deposit selected, Paper Check highlighted with a red box) and 'Account Type' (Personal Checking selected, others unselected). At the bottom, there are fields for 'Bank Account Holder First Name' (Mike), 'Bank Account Holder Last Name' (Smith), 'Routing Number' (partially visible), and 'Confirm Routing Number' (123456789). A red message at the bottom of the form reads: 'Please enter correct information and validate again or select paper check to proceed further'.

Payment Information * Required

The Tax Identification Number is unverified. You can still proceed and submit the application.

Legal name of child care program DBA (Doing Business As)

West Essex YMCA Peanut Shell Nurs & CCC

Tax Identification Number (EIN/SSN)

*****7387

☐ Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.

* Payment Method

☒ Direct Deposit

☐ Paper Check

* Account Type

☒ Personal Checking

☐ Personal Savings

☐ Business Checking

☐ Business Savings

Please enter correct information and validate again or select paper check to proceed further

* Bank Account Holder First Name * Bank Account Holder Last Name

Mike Smith

* Routing Number * Confirm Routing Number

123456789

Instructions

If the bank details are unverified, you will need to select **Paper Check**.

Key Points

If the entered bank details are not verified, you will be prompted to edit the entered Bank Account information and the "Paper Check" option will be displayed.



Completing the Application

The screenshot shows the 'Payment Information' section of an application form for the State of New Jersey Department of Human Services, Division of Family Development. The left sidebar lists the application steps: Instructions, General Applicant Information, Operational Status, Child Count Information, Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds, **Payment Information** (current step), Review Application, and Provider Attestations. The main content area is titled 'Payment Information' and includes a red asterisk indicating a required field. A message states: 'The Tax Identification Number is unverified. You can still proceed and submit the application.' The form contains several input fields: 'Legal name of child care program' (Child Care Assistant Covid), 'DBA (Doing Business As)' (dummyname), and 'Tax Identification Number (EIN/SSN)' (*****323C). A checkbox for 'Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.' is checked. Below this, the 'Payment Method' section has two radio buttons: 'Direct Deposit' and 'Paper Check' (which is selected and highlighted with a red box). A note states: '*Select the address to which paper check payments will be sent. If the address is incorrect, contact your regulatory or enrollment agency immediately.' Below this note are two address input fields: 'Facility Address' (B Main St, Newark, 34, 08888) and 'Mailing Address' (825 Roosevelt, Fairfax, 505, 22044). Both labels and the first input fields are highlighted with red boxes. At the bottom right, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted with a red box.

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Payment Information * Required

The Tax Identification Number is unverified. You can still proceed and submit the application.

Legal name of child care program Child Care Assistant Covid DBA (Doing Business As) dummyname

Tax Identification Number (EIN/SSN) *****323C

☒ Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.

* Payment Method
☐ Direct Deposit
☒ Paper Check

*Select the address to which paper check payments will be sent. If the address is incorrect, contact your regulatory or enrollment agency immediately.

☒ Facility Address B Main St, Newark, 34, 08888 ☐ Mailing Address 825 Roosevelt, Fairfax, 505, 22044

Previous Next

Instructions

- Select **Facility Address** or **Mailing Address** as applicable.
- Click on the **Next** button.

Key Points

No Key Points



Completing the Application

The screenshot shows a web application for the State of New Jersey Department of Human Services, Division of Family Development. The left sidebar contains a list of steps: Instructions, General Applicant Information, Operational Status, Child Count Information, Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds, Payment Information, Review Application (highlighted), and Provider Attestations. The main content area displays the 'Payment Information' section, which includes fields for Estimated Monthly Amount, Mortgage, rent, insurance, and utility, Total Monthly Estimated Amount Range for Use of Funds, Legal Name of Child Care Program, DBA (Doing Business As), Tax Identification Number (EIN/SSN), Certification, What is your preferred payment method for receipt of the grant funds?, and Facility Address. The 'Next' button is highlighted with a red border.

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Estimated Monthly Amount
\$15,000 - \$20,000

Mortgage, rent, insurance, and utility
Estimated Monthly Amount
\$10,000 - \$15,000

Total Monthly Estimated Amount Range for Use of Funds
\$25,000 - \$35,000

Payment Information [Edit](#)

Legal Name of Child Care Program
Child Care Covid 123

DBA (Doing Business As)
ChildCare_123

Tax Identification Number (EIN/SSN)
*****4571

Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.
true

What is your preferred payment method for receipt of the grant funds?
Paper Check

Facility Address
B Main St, Newark, 34, 08888

Previous **Next**

Instructions

- In the **Review Application** step, review your application and click on the **Next** button

Key Points

No key points.



Completing the Application

The screenshot shows the 'Provider Attestations' step of an application form. On the left is a sidebar with a list of steps: Instructions, General Applicant Information, Operational Status, Child Count Information, Staff Count Information, Estimated Grant Award Amount, Options for Use of Funds, Payment Information, Review Application, and Provider Attestations (which is highlighted with a blue dot). The main content area is titled 'Audit and Monitoring' and contains a paragraph about monitoring. Below this is the 'Provider Attestation' section, which includes a signature line for the applicant. The 'Applicant Name' field contains 'Mythri KL' and the '* Applicant Title' field contains 'Administrator'. A red box highlights the text '* Enter the full legal name of the authorized individual completing this application' above the signature line, which also contains 'Mythri KL'. Below the signature line is a 'Date of Signature' field with the date '12-20-2021'. At the bottom, there is a checkbox that is checked, with the text 'By clicking on this box, I acknowledge that I have read, understand, and agree to abide by the terms and provisions of the Child Care Stabilization Grant and hereby affix my electronic signature to this form, affirming that all information contained herein is accurate to the best of my knowledge and belief.' At the bottom right are two buttons: 'Previous' and 'Submit' (which is highlighted with a red box).

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Audit and Monitoring

Please understand your business, center, or home at any time during the grant period is subject to monitoring to determine whether the funds distributed through this grant are being spent properly and according to the provisions set forth herein. By submitting this application and receiving a grant award, you hereby agree to permit, DHS/DFD, the State of New Jersey, and/or the federal government to audit your business, center or home and agree to cooperate to the fullest extent possible.

Provider Attestation

The following signature affirms that I will adhere to the items noted in A, B, C, D, and E within the Certification section. It also affirms I will only use the funds in the areas noted in section 4 (Options for Use of Funds) of this application.

Applicant Name
Mythri KL

* Applicant Title
Administrator

* Enter the full legal name of the authorized individual completing this application
Mythri KL

Date of Signature
12-20-2021

☒ By clicking on this box, I acknowledge that I have read, understand, and agree to abide by the terms and provisions of the Child Care Stabilization Grant and hereby affix my electronic signature to this form, affirming that all information contained herein is accurate to the best of my knowledge and belief.

Previous Submit

Instructions

- In the Provider Attestations step, enter your title in the Applicant Title box, and enter your full name in the signature box to sign the application.
- Select the terms acknowledgement checkbox.
- Click on the **Submit** button.

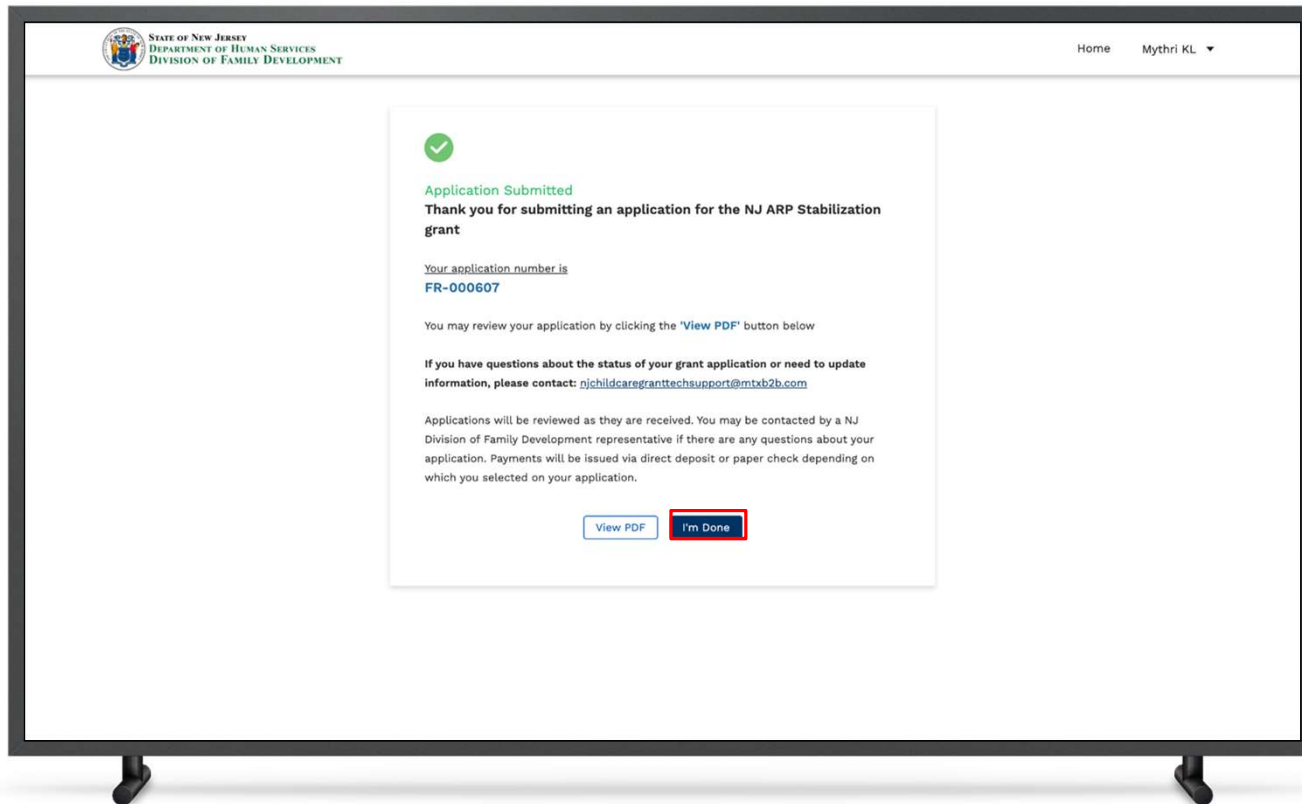


Key Points

No key points.



Completing the Application



Instructions

- The application is submitted. You can view and download a PDF version of the application by clicking on the **View PDF** button.
- Click on the **I'm Done** button when you are finished.



Key Points

No key points.

